

# Closing Gaps & Meeting Metrics

## Coding Tips & Best Practices

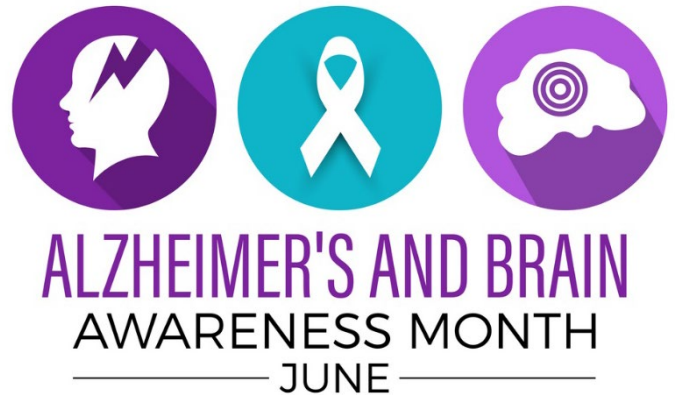
June 2024

### Alzheimer's Disease

June is Alzheimer's and Brain Awareness Month. According to the U.S. Centers for Disease Control and Prevention (CDC), an estimated 6.7 million Americans age 65 years or older had Alzheimer's disease in 2023. This number is predicted to increase to 14 million people by 2060.

Alzheimer's disease, a brain disorder that worsens over time, is the most common type of dementia. It is characterized by toxic changes that take place in the brain, including abnormal buildup of proteins that form amyloid plaques and tau tangles. Alzheimer's causes the brain to shrink and brain cells to die.

Scientists do not fully understand what causes Alzheimer's. Possible causes include a combination of age-related changes in the brain, along with genetic, environmental, and lifestyle factors.



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### Symptoms

An early sign of Alzheimer's is difficulty remembering recent events. As the disease progresses, memory gets worse and other symptoms develop. The disease can cause difficulty in concentrating, making decisions, planning, or performing familiar tasks. Brain changes that occur with Alzheimer's disease can also cause changes in personality and behavior.

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### Diagnosis

Physicians use several methods to help determine whether a person who is having memory problems has Alzheimer's.

- Physical and neurological exam: A neurological exam includes testing such as reflexes, muscle tone and strength, coordination, and balance.
- Lab test: This helps rule out other potential causes of memory loss.
- Mental status and neuropsychological testing: These tests evaluate memory and other thinking skills.
- Brain imaging (MRI/CT): Imaging can identify visible changes related to other conditions that may cause similar symptoms, such as strokes, trauma, and tumors.

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### Treatment

While there is no cure for Alzheimer's, medications can help memory symptoms and other cognitive changes.

## Documentation and Coding Tips

In the ICD-10-CM coding manual, Alzheimer's is coded to category G30.- Alzheimer's disease. Four codes are available to assign to Alzheimer's disease:

- G30.0 Alzheimer's disease with early onset
- G30.1 Alzheimer's disease with late onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified

Dementia is an inherent part of the Alzheimer's diagnosis. Always assign a diagnosis code from subcategory F02.8- Dementia in other diseases classified elsewhere, unspecified severity (manifestation code), even in the absence of documented dementia. The provider does not need to document dementia separately for a patient with Alzheimer's disease.

When Documentation Includes	Code
Delirium	F05 Delirium due to known physiological condition
Mild neurocognitive disorder	Subcategory F06.7- Mild neurocognitive disorder due to known physiological condition

An "excludes 1 note" in the tabular list instructs that when coding Alzheimer's disease we cannot also code:

- Senile degeneration of brain NEC (G31.1)
- Senile dementia NOS (F03)
- Senility NOS (R41.81)

**Tip:** An excludes 1 note means "Not Coded Here"

### Examples<sup>1</sup>

#### Example 1

A 66-year-old patient presents to the office for a follow-up visit. The patient's diagnosis was Alzheimer's disease with delirium. Medication was prescribed with follow-up in two weeks.

**Diagnosis:**

G30.9 Alzheimer's disease, unspecified  
 F02.80 Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety  
 F05 Delirium due to known physiological condition

**Rationale:**

Dementia is an inherent part of Alzheimer's disease; therefore, the provider does not need to separately document dementia. Assign an additional diagnosis code to identify delirium.

#### Example 2

A 75-year-old patient presents for routine follow-up. She needs refills on her medications. The patient is stable and has an upcoming appointment with her neurologist.

**Assessment and Plan:**

Dementia with agitation due to late onset of Alzheimer's disease. Medications were sent to the pharmacy. Follow-up in one month.  
 G30.1 Alzheimer's disease with late onset  
 F02.811 Dementia in other diseases classified elsewhere, unspecified severity, with agitation

**Rationale:**

The provider has identified the type of Alzheimer disease and behaviors, including agitation.

<sup>1</sup> The examples provided are intended for educational and informational purposes only. Physicians are responsible for independently assessing each patient and providing a diagnosis based on their individual medical circumstances.

Accuracy is extremely important. With accurate coding, healthcare providers can ensure better patient outcomes, optimize resource utilization, and contribute to broader healthcare objectives.

## References

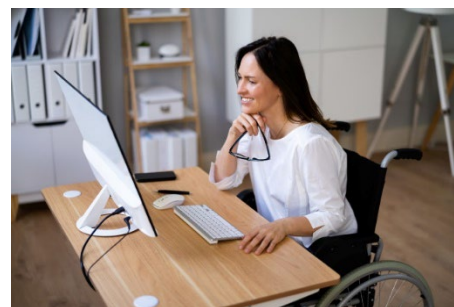
- [CDC.gov/Aging/Alzheimers-Disease-Dementia/About-Alzheimers.html#whatisalzheimers](https://www.cdc.gov/Aging/Alzheimers-Disease-Dementia/About-Alzheimers.html#whatisalzheimers)
- [NIA.NIH.gov/Health/Alzheimers-and-Dementia/Alzheimers-Disease-Fact-Sheet](https://www.nia.nih.gov/health/alzheimers-and-dementia/alzheimers-disease-fact-sheet)
- [CMS.gov/Files/Document/FY-2024-ICD-10-CM-Coding-Guidelines-Updated-02/01/2024.pdf](https://www.cms.gov/Files/Document/FY-2024-ICD-10-CM-Coding-Guidelines-Updated-02/01/2024.pdf)
- American Hospital Association Coding Clinic

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\*Does not include updates as of April 1, 2024

<sup>2</sup>Availity, LLC is a multi-payer joint venture company.

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